

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
10 JAN 27 AM 10:34
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Franklin County Democratic Lawyers Club Political Action Committee				Registration Number, If Any OH11164	
Full Name of Candidate					
Street Address 270 Orchard Lane			Office Sought		District
City Columbus			State OH	Zip Code 43214	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year 2009
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election	

For candidates only during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

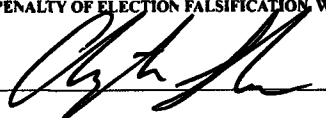
1 Amount brought forward from last report	\$	29.57
2 Total monetary contributions (From Form No. 31-A)	\$	50.00
3 Total other income (From Form No. 31-A-2)	\$	0.00
4 Total funds available (sum of lines 1, 2, 3)	\$	\$79.57
5 Total monetary expenditures (From Form No. 31-B)	\$	0.00
6 Balance on hand (line 4 minus line 5)	\$	79.57
7 Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8 Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9 Outstanding loans owed by committee (From Form No. 31-C)	\$	
10 Outstanding debts owed by committee (From Form No. 31-N)	\$	
11 Outstanding loans owed to committee (From Form No. 31-K)	\$	
12 Value of independent expenditures made (From Form No. 31-U)	\$	
13 For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Christopher Shea, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



01/27/2010

Date

Contribution
pages 1

Expenditure
pages _____

Other
pages _____

Total
pages 1

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Democratic Lawyers Club Political Action Committee						
Full Name of Contributor John Marshall				Registration Number, if PAC		
Street Address 111 W Rich St , Suite 430		Employer/Occupation/Labor Organization* Marshall and Morrow LLC			Form (Cash, Check, etc) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 2	Y 1	Amount 50
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
City	State OH	Zip Code	M	D	Y	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear [R C 3517 10(B)(4)]

HUNTINGTON NATIONAL BANK
huntington.com

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MARSHALL AND MORROW LLC
111 W RICH ST SUITE 430
COLUMBUS, OH 43215
(614)463-9790

12/16/2009

PAY TO THE
ORDER OF

FCDLC PAC

\$ **50 00

Fifty and 00/100*

DOLLARS

FCDLC
c/o Christopher Shea Treas
54 W 3rd Ave
Columbus OH 43201

MEMO PAC donation



AUTHORIZED SIGNATURE

⑈005520⑈